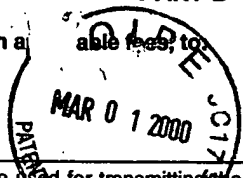


## PART B—ISSUE FEE TRANSMITTAL

Complete and mail this form, together with a

able fee, to:

Box ISSUE FEE

Assistant Commissioner for Patents  
Washington, D.C. 20231

**MAILING INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE. Blocks 1 through 4 should be completed where appropriate. All other correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

021567

MM12/1202

WELLS ST JOHN ROBERTS GREGORY AND MATKIN  
SUITE 1300  
601 W FIRST AVENUE  
SPOKANE WA 99201-3828

I hereby certify that this issue fee is being hand-delivered  
to the Issue Fee Branch, Assistant Commissioner of Patents,  
Washington, D.C. 20231 on the date indicated below.

Sunny Downs

(Depositor's Name)

Sunny Downs

(Signature)

3-1-00

(Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/920.329	08/20/97	049	JEANGLAUDE, J 2819	12/02/99
First Named Applicant	TUTTLE. 35 USC 154(b) term ext. = 0 Days.			

TITLE OF INVENTION **CARDS. COMMUNICATION DEVICES. AND METHODS OF FORMING AND  
ENCODING VISIBLY PERCEPTIBLE INFORMATION ON THE SAME**

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
2 MI40-081	340-825.310	E97	UTILITY	NO	\$1210.00	03/02/00

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
Use of PTO form(s) and Customer Number are recommended, but not required.

☐ Change of correspondence address (or Change of Correspondence Address form  
PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.

2. For printing on the patent front page, list  
(1) the names of up to 3 registered patent  
attorneys or agents OR, alternatively, (2)  
the name of a single firm (having as a  
member a registered attorney or agent)  
and the names of up to 2 registered patent  
attorneys or agents. If no name is listed, no  
name will be printed.

Wells, St. John, Robert  
1 Gregory & Matkin P.S.

2 \_\_\_\_\_

3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  
**PLEASE NOTE:** Unless an assignee is identified below, no assignee data will appear on the patent.  
Inclusion of assignee data is only appropriate when an assignment has been previously submitted to  
the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for  
filing an assignment.

(A) NAME OF ASSIGNEE Micron Technology, Inc.

(B) RESIDENCE: (CITY & STATE OR COUNTRY) Boise, Idaho

Please check the appropriate assignee category indicated below (will not be printed on the patent)

☐ Individual ☒ corporation or other private group entity ☐ government

4a. The following fees are enclosed (make check payable to Commissioner  
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☒ Issue Fee

☒ Advance Order - # of Copies 10

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(ENCLOSE AN EXTRA COPY OF THIS FORM)

☒ Issue Fee (DEFICIENCIES)

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The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

James D. Shaurette

(Date)

Reg. #39,833

2/29/00

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney  
or agent; or the assignee or other party in interest as shown by the records of the Patent and  
Trademark Office.

**Burden Hour Statement:** This form is estimated to take 0.2 hours to complete. Time will vary  
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to complete this form should be sent to the Chief Information Officer, Patent and Trademark  
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